

**Exploring how the social model of disability can be re- invigorated: In response to  
Mike Oliver**

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**Abstract**

In his 2013 article in *Disability & Society*, Oliver recommended that the social model should either be replaced or re-invigorated. I argue here that (a) the social model's current emphasis reflects the social conditions in which it was introduced, and (b) the model's impact on disabled people's lives would increase were its emphasis to more accurately reflect the current social conditions in the geographical regions in which it is applied. In order to help foster its re-invigoration, I ask five questions for discussion on the way forward for the social model. I identified my questions through examining published writing on the scope of the social model and on the model's relationship with other models of disability.

**Keywords:** model, social model, model of disability, emancipatory, emancipatory disability research

**Points of interest**

- This article responds to Oliver's recommendation that the social model should be re-invigorated.
- In order to try to increase the impact of the model, I pose five questions designed to engender discussion on its emphasis.
- I argue that as society varies over time, and from place to place, the responses to my questions seem likely to change over time and to differ between countries.

## **Introduction**

Oliver (2013, 1024 and 1026) wrote ‘This year marks exactly 30 years since I published a book introducing the social model of disability ... yet, despite the impact this model has had, all we now seem to do is talk about it’ and ‘Surely it is time to either re-invigorate the social model or replace it with something else. One thing is for sure; the talking has to stop.’ I accept that the social model needs to be re-invigorated, but do not agree that discussion on the model should cease. Instead, I think that the discussion needs to address matters which are seldom examined. Specifically, I contend that we should widen the debate on the focus of the model.

In an endeavour to widen this debate, I examine two key attributes of the social model which have not often been discussed: its scope and its relationship with other models of disability. I argue that (a) the scope and relationships of the model currently reflect the social circumstances in which it was introduced, (b) in the past three decades the UK’s societal attitudes to disabled people and disability have changed substantially, and (c) the emphasis of the model should take into account the social circumstances in the regions in which it is applied.

In the Discussion, I ask five questions on the social model. I am not suggesting that my questions are those that are most suited to fostering debate. But I do hope that, through raising these questions, disability writers will publish responses to my questions and pose and address other questions, and that our collective efforts will expedite the re-invigorating process. As a disabled person, I have benefitted very much from the changes in UK society due to the social model, and I believe that the model can continue to contribute substantially to the wellbeing of disabled people and to the understanding of disability.

## **Scope of the Social Model**

Writers on the social model have tended to concentrate on the societal barriers to disabled people. Hughes, Goodley and Davis (2012, 310) wrote ‘The social model remained wedded, pretty implacably, to its original insight and, more importantly ... to its practical mission which was to dismantle the barriers that blocked disabled people’s participation in society.’ In a similar vein, Oliver (2013, 1024) wrote ‘The idea behind the social model of disability stemmed from the Fundamental Principles of Disability document first published in the mid-1970s (UPIAS 1976), which argued that we were not disabled by our impairments but by the disabling barriers we faced in society.’ Although I appreciate that the emphasis of the social

model on barriers has contributed substantially to their removal, I contend that confining the scope of the social model to barriers to inclusion is an unnecessary restriction. The scope of the model can encompass other impacts of society on disability; for example society's understanding of disability has very considerable impact on the lives of disabled people.

Some writers on disability have concentrated on the practical application of the social model. Oliver (2008, 408) wrote 'The social model of disability is a practical tool, not a theory, an idea or a concept' and Oliver (2013, 1025) wrote 'I have never seen the social model as anything more than a tool to improve peoples' lives.' Other writers have suggested different roles for the model. For example, the social model has been described as 'definitive of the disability studies approach' (Shakespeare and Watson 1997, 293), can be 'a political tool' (Pinder 1997, 303), can 'more satisfactorily' explain 'observed phenomena' (Johnston 1997, 307) and has been called 'an adequate theoretical basis for emancipatory politics' (Hughes and Paterson 1997, 337). I regard the social model as a valuable empirically grounded perspective, which has contributed greatly to changing society's relationship with disabled people and to its understanding of disability. I argue that the strength of this model stems from the insights it provides, and that its scope does not need to be restricted to immediate practical applications.

Writers have sometimes targeted the social model to disability professionals. Oliver (2013, 1024) wrote 'In the early 1980s I introduced both the individual and social models of disability ... aimed largely at professionals.' The social model can be disseminated much more widely than only to disability professionals in developed countries. For example, it can also be addressed to non-professionals, to disabled people, and to other geographical regions in which it has particular potential to change attitudes towards disability. It seems sensible, particularly when applying the social model to less affluent regions, to take into account not only societal barriers, but also other social disadvantages (including poverty); in their study of disabled people affected by Hurricane Katrina and the 2004 Asian tsunami, Hemingway and Priestley (2006) found that the problems faced by disabled people were more due to poverty and to other social disadvantages than to societal barriers.

### **Relationship with Other Models of Disability**

Some descriptions of the social model seem to imply its pre-eminence over other models in shaping disability. Bolt (2005, 539) wrote 'The Social Model of Disability holds that persons are impaired for a number of reasons, but that it is only by society that they are disabled.' I

prefer to avoid the phrase ‘only by society’, as it could imply that disablement cannot be due to anything other than society. Forber-Pratt and Aragon (2013, 2) wrote ‘The social model of disability posits that disability exists due to society's failure to remove social, economic, and environmental barriers.’ I prefer to avoid attributing disability to society, and suggest replacing ‘exists due to society's failure to remove’ with ‘can be shaped by’. The World Health Organisation (2017, webpage) called disability ‘the interaction between features of a person’s body and features of the society in which he or she lives’. I prefer to replace ‘between features’ with ‘between several factors including features’. My wording has the advantage of being more likely to encourage the use of the social model by people who regard that disability is not only shaped by society. For example, Johnston (1997, 307) wrote that disability is influenced by ‘physiological, environmental, social, cognitive and emotional factors.’

Emancipatory disability research has sometimes been attributed to the social model. Barnes (2003, 13) wrote ‘The rationale of the emancipatory disability research paradigm is the production of research that has some meaningful practical outcome for disabled people’ and Mercer (2002, 245) wrote that the emancipatory paradigm’s ‘ontological and epistemological location (is) in a social model of disability.’ I prefer the wording ‘emancipatory research can be motivated by the social model’. My wording could widen the adoption of the social model to researchers, who consider that emancipatory research does not need to be associated with the social model. I suggest that research motivated by the desire to help disable people through more effective assistive technology (for example, the development of robotic prosthetic limbs) is not associated with the social model and yet can be emancipating.

## **Discussion**

The scope of the social model has tended to focus on removing barriers to inclusion, on immediate practical applications, and on dissemination to disability professionals. At the time when the Union of the Physically Impaired Against Segregation (UPIAS 1976, 3) wrote that society ‘disables physically impaired people’ through being ‘excluded from full participation in society’ there was widespread social exclusion of disabled people, and thus it is understandable that supporters of the model focused on impediments to inclusion. In addition, when there was limited emphasis on addressing the disadvantages of disabled people, it seems reasonable that proponents of the model favoured research which could help

reduce these disadvantages. Moreover, when it was imperative to alter the attitudes of those dealing with disabled people, it was probably a good idea to have addressed writing on the model to disability professionals.

The achievements of the social model in matters on which it has focused have reduced its potential to further succeed in those areas. The success of the model indicates that it could be more widely successful and, in order to stimulate discussion on widening its scope, I ask:

- (1) What aspects of the negative influence of society on disability (other than barriers to inclusion) are particularly worth focusing on and how can these be effectively addressed?
- (2) What ways of using the model (apart from a practical tool) seem promising and how can these ways be fruitfully implemented?
- (3) To which groups of people (other than disability professionals in developed countries) is it important to disseminate the model and how can it be conveyed effectively?

The social model has sometimes been presented as being contradictory to other models, and emancipatory disability research as needing to be associated with the social model. The way it has been portrayed reflects the society in which it was introduced. It is understandable, when most disability professionals were very firmly rooted in the medical model, that the social model was presented as a replacement. Moreover, when disability researchers often placed little emphasis on how the lives of disabled people could be improved, it seems reasonable to have stressed the potential of the social model to help generate research findings which could emancipate disabled people.

The acceptance of the social model and the adoption of emancipatory research have grown very substantially in the last thirty years. Consequently I contend that the positioning of the social model could benefit from re-evaluation and, in order to foster this process, I ask:

- (4) Is it a good idea to present the social model in a manner which is contradictory (as opposed to complementary) to other models or that implies it is the only model conducive to emancipating disabled people?
- (5) What should be the primary goals of the social model and what steps can we take to achieve these objectives?

## **Conclusion**

I have argued that the social model would have greater impact were its emphasis to more accurately reflect the conditions of the countries in which it is applied. For example, it could take into account the level of poverty and the rapport with socialism. As conditions differ

substantially from place to place, I suggest that the responses to my questions could not only change over time, but also vary substantially between and within countries.

The social model has helped transform the lives of innumerable disabled people. In the two decades since the introduction of the 1995 Disability Discrimination Act, many barriers to the social inclusion of disabled people have been breached, through organisations making reasonable adjustments to disability. But the work of the social model is very far from complete. I have argued that re-examining the emphasis of the social model could contribute to its re-invigoration. I very much hope that my questions will help increase its impact.

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**2,000 words (excluding the title, affiliation and references).**

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**307 words on the References.**